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CONFIRMATION NO. 9574

SERIAL NUMBER 09/003,869	FILING OR 371(c) DATE 01/07/1998 RULE	CLASS 514	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. 030639.0043.CPA1
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APPLICANTS
 Andrew A. Young, La Jolla, CA;

**** CONTINUING DATA *******
 This appln claims benefit of 60/034,905 01/07/1997
 and claims benefit of 60/055,404 08/08/1997
 and claims benefit of 60/066,029 11/14/1997
 and claims benefit of 60/065,442 11/14/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/03/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 8
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ADDRESS
28381

TITLE
USE OF EXENDINS AND AGONISTS THEREOF FOR THE REDUCTION OF FOOD INTAKE

FILING FEE RECEIVED 1993	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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APPLICANTS

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** CONTINUING DATA *AM* *****

This appln claims benefit of 60/034,905 01/07/1997
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>Abdel A. Mohamed</i>	Initials <i>AM</i>	

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 20004-1206

TITLE

USE OF EXENDINS AND AGONISTS THEREOF FOR THE REDUCTION OF FOOD INTAKE

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)